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## View BEAR Invoice

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The following invoice has been successfully submitted for certification:

Invoice ID: 2273073

Created on 10/23/2015 7:27 AM

Last updated on 10/23/2015 1:36 PM

**Applicant Form Identifier** BEARFY2014-GlanTel

### Block 1: Header Information

[Need Help?](#)

<b>1. Billed Entity Name</b> OTTAWA-GLANDORF SCHOOL DIST	<b>2. Billed Entity Number</b> 130150	<b>3. Service Provider Identification Number (SPIN)</b> 143001665
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<b>4. Contact Name</b>	Justin Closson
<b>5. Contact Telephone Phone</b>	( 419 ) 523-5702
<b>Contact Fax</b>	( 419 ) 523-6346
<b>Contact Email</b>	clossoj@og.noacsc.org

**6. Total Reimbursement Amount**  
(total from Block 2, Column 14)  
\$ 6752.71

### Block 2: Line Item Information Per Funding Request Number

[Need Help?](#)

7. FCC Form 471 Application Number	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 958983	2647051	7/1/2014		\$ 4560.00	50	\$ 2280.00	AWAITING SP CERTIFICATION
2) 958983	2647092	7/1/2014		\$ 4800.00	58	\$ 2784.00	AWAITING SP CERTIFICATION
3) 958983	2647059	7/1/2014		\$ 1200.00	80	\$ 960.00	AWAITING SP CERTIFICATION
4) 958983	2660915	7/1/2014		\$ 1256.40	58	\$ 728.71	AWAITING SP CERTIFICATION

**Block 3: Billed Entity Certification**[Need Help?](#)**Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

**Submission Date** 10/23/2015

**17. Name** DON HORSTMAN  
**18. Title/Position** SUPERINTENDENT  
**20. Address 1** 630 GLENDALE AVE  
**Address 2**  
**City** OTTAWA  
**State** OH  
**Zip Code** 45875 -

**19. Phone Number** ( 419 ) 523-5261  
**19a. Fax Number** ( 419 ) 523-5978  
**19b. Email** OG\_SUPT@NOACSC.ORG  
**19c. Name of Authorized Person's Employer** Ottawa-Glandorf Local Schools

**27. Applicant Remittance Information**

**Name** Kathy Fruchey  
**Title/Position** Treasurer  
**Phone Number** ( 419 ) 523-5261  
**Address 1** 630 Glendale Ave  
**Address 2**  
**City** Ottawa  
**State** OH  
**Zip Code** 45875

**Additional Comments:**

OMB Number 3060 - 0856 Form 472

